



61 AF
AF 2801

Attorney Docket No.: 01CON281P

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Cocciali, et al.

SERIAL NO.: 10/020,105 FILED: December 15, 2001

FOR: Shielded Antenna in a Semiconductor Package

Mail Stop AF
HONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

No additional fee is required.
 The fee has been calculated as shown below:

| <input checked="" type="checkbox"/> EXTENSION FEE | RATE Non-Small Entity | RATE Small-Entity | FEE |
|---|--------------------------|----------------------|-----------|
| FIRST MONTH AFTER TIME PERIOD SET | 110.00 | 55.00 | \$ 110.00 |
| SECOND MONTH AFTER TIME PERIOD SET | 420.00 | 210.00 | \$ |
| THIRD MONTH AFTER TIME PERIOD SET | 950.00 | 475.00 | \$ |
| FOURTH MONTH AFTER TIME PERIOD SET | 1,480.00 | 740.00 | \$ |

TOTAL EXTENSION FEE \$ 110.00
 FEE FOR EXTRA CLAIMS added by Amendment in this response:

| | Column 1 | Column 2 | Column 3 | | | |
|--------------|--|----------------------------------|---------------------------|-----------------------------|----------------------|-----|
| | Number of Claims after Amendment | Number Previously Paid for | Number of Extra Claims | RATE Non-Small Entity | RATE Small Entity | FEE |
| TOTAL CLAIMS | 18 | MINUS **20 | * = 0 | x 18 | x 9 | \$ |
| INDEPENDENT | 2 | MINUS ***3 | * = 0 | x 86 | x 43 | \$ |

First presentation of multiple dependent claim

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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- Total fee for Supplemental Information Disclosure Statement \$
- Enclosed is the total fee of \$110.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- Please charge Deposit Account No. 50-0731 in the amount of \$
- The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 1/15/04

By: 
Michael Farjami, Reg. No. 38,135

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

1/15/04
Date


Signature

Sukhie Bal
Typed or Printed Name of Person Mailing Paper and/or Fee

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